

06-16-00

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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	226/132
	First Named Inventor	Robert C. Dixon
	Original Patent Number	5,850,600
	Original Patent Issue Date (Month/Day/Year)	12/15/98
	Express Mail Label No.	EL524788042US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>	
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>	
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>		10. <input type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <i>(PTO/SB/09-12)</i>	
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) <i>(PTO/SB/53 or PTO/SB/54)</i> or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		11. <input type="checkbox"/> Preliminary Amendment	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
(If Yes, check applicable box(es))		13. <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

14. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> 22249 <i>(Insert Customer No. or Attach bar code label here)</i>			
or <input type="checkbox"/> Correspondence address below			
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
226/132

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 = x \$ ____ =	or	18	90.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 = x \$ ____ =		78	156.00	
Basic Fee (37 CFR 1.16(h))				\$ ____		\$ ____	
Total Filing Fee				\$ ____	OR	\$ 936.00	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =	or	x \$ ____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ ____ =		x \$ ____ =		
Total Additional Fee				\$ ____	OR	\$ ____		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.
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6/14/00

Date

Signature of Applicant, Attorney or Agent of Record

Steven D. Hemminger

Typed or printed name

Express Mail #EL524788042US

Docket No. 226/132

June 14, 2000